

CERTIFICATION ENVELOPE

VOTE BY MAIL VOTER'S BALLOT

**VOTER: SEAL BALLOT IN THIS ENVELOPE
TO BE OPENED ONLY BY AUTHORIZED ELECTION OFFICIALS**

CERTIFICATION

I, _____, state that I am a resident of Precinct Number _____ of the
(1) Township of _____, (2) City of _____ or (3) _____
Ward in the City of _____ residing at _____
(street address)
in such city or town in the County of _____ and State of Illinois; that I have lived at such address
for _____ month(s) last past; and that I am lawfully entitled to vote in such precinct at the _____
Election to be held on _____.
(insert month/day/year)

*fill in either (1), (2) or (3)

I am affiliated with the _____ Party.
(complete for primary only)

I further state that I personally marked the enclosed ballot in secret.

If you received assistance in casting your ballot due to physical incapacity, complete this section:

I marked the enclosed ballot in secret with the assistance of

(Individual Rendering Assistance)

(Address)

Under penalties of perjury as provided by law pursuant to 10 ILCS 5/29 - 10, the undersigned
certifies that the statements set forth in this certification are true and correct.

DATED: _____
(insert month, day, year)

(Signature of Applicant)

RETURN TO THE ELECTION AUTHORITY PRIOR TO THE CLOSING OF THE POLLS